MEDICAL SERVICES INSURANCE ENQUIRY

Public Hearings

Brief

Submitted by

The Toronto Rehabilitation Centre

January, 1964

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

(i) The Toronto Rehabilitation Centre has examined the proposed Medical Services Insurance Act and notes the exclusion of "physical therapy and other similar treatments" from the provisions of the Act.

(ii) The history and functions of the Centre are presented in order to report the experience gained in some 40 years of providing services to handicapped persons.

(iii) The Toronto Rehabilitation Centre provides occupational and physical therapy, speech therapy, social service and prevocational exploration for handicapped adults in the Centre on an out-patient basis and in the home. Until the Centre is fully developed within its new quarters it makes use of other community resources to arrange psychological assessment and job placement, thus maintaining the broadest possible program of rehabilitation services.

(iv) The cost of rehabilitation services are discussed in relation to the experience in the old Centre, because statistics are not yet available in sufficient detail from the program in the new building. However, projections of the need and financial resources to attend to this need are presented. The economic value of rehabilitation services is proven by the evidence from the Federal Department of Labour.

(v) This brief emphasizes the paucity of insurance coverage for rehabilitation services through the purchase of which citizens might protect themselves against the cost of rehabilitation services. The chronic nature of the disabilities treated at the Centre is readily understood and it is noted that the majority of patients lack sickness and accident insurance to protect them while unable to earn a living when such catastrophies befall them. Thus they have been forced to use savings and other assets relatively early in their disabled period. Frequently, these individuals must spend almost all of their savings before they are eligible for assistance from public funds. The experience of the Toronto Rehabilitation Centre points

out that very few handicapped persons have funds to purchase rehabilitation services to meet their optimum requirements.

(vi) The indigent patient is able to make use of free services provided by the professional staff in hospitals and the services of the Toronto Rehabilitation Centre and other voluntary agencies without hesitation. However, the marginal income group have been unable to insure themselves against the cost of long term rehabilitation services and it is believed that many patients do not receive these services because of concern over the cost--despite the assistance offered by voluntary agencies with fee schedules adjusted to the financial status of the patient.

RECOMMENDATION

Therefore, the Toronto Rehabilitation Centre recommends that medically prescribed and supervised rehabilitation services be an approved out-patient benefit under the provisions of the Medical Services Insurance Act.

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B R I E F

from

THE TORONTO REHABILITATION CENTRE

to

MEDICAL SERVICES INSURANCE ENQUIRY

JANUARY, 1964

1. Mr. Chairman and members of the Medical Services Insurance Enquiry:

HISTORY AND DEVELOPMENT

2. The Toronto Rehabilitation Centre is a non-profit charitable organization incorporated under a charter in the Province of Ontario. Established in 1922 as the "Toronto Curative Workshop" it stimulated the growth of occupational therapy in Toronto and gradually broadened its services to include major disciplines necessary in a community rehabilitation centre.

3. Experience gained during these years in a small building on Bloor Street West, Toronto, gained the respect of the Welfare Council of Greater Toronto (now the Social Planning Council of Metropolitan Toronto) which requested the Toronto Rehabilitation Centre to undertake the development of a full-scale "general rehabilitation institute" in Metropolitan Toronto. Capital funds for construction of the new building at 345 Rumsey Road were derived from the Rehabilitation Foundation for the Disabled (March of Dimes) and grants from municipal, provincial and federal governments.

OFFICERS

4. The Officers of the Toronto Rehabilitation Centre are:

President	Mr. J. A. Tuck, Q.C.
Past President	Dr. C. D. Gossage
Vice-President	Mr. G. I. Pringle
Vice-President	Mr. W. R. Thomas
Secretary	Dr. J. C. Allison
Treasurer	Mr. D. W. Lay
Medical Director	Dr. J. C. Allison
Coordinator of Treatment Services	Miss Jean Sutherland, O.T. Reg.
Consultant in Physical Medicine	Dr. C. M. Godfrey

OPERATIONAL BUDGET

5. The operational budget of the Toronto Rehabilitation Centre is now derived from the Rehabilitation Foundation for the Disabled by virtue of an agreement signed in 1962. The Rehabilitation Foundation provides financial support for the Centre, and the Centre has assumed responsibility for the Metropolitan Toronto (and district) case-work functions of the Rehabilitation Foundation. The latter is a participant in the United Appeal and, although the Centre has ceased to be a direct member, the relationship with the United Appeal is retained through the Rehabilitation Foundation for the Disabled.

THE REHABILITATION PROGRAM

6. The objective of the Toronto Rehabilitation Centre is "to rehabilitate to the greatest possible degree the mentally and/or physically handicapped". Disabled persons 19 years of age and over are admitted to the Centre only on the prescription of a doctor of medicine. Services provided include occupational and physical therapy, speech therapy, social service and pre-vocational exploration. The transfer of the Toronto case-work functions of the Rehabilitation Foundation for the Disabled to the Centre has centralized many aspects of social service to disabled persons in the community, in that financial assistance and provision of appliances etcetera are now more closely related to the provision of treatment services to these individuals.

7. Psychological assessment and job placement are arranged through cooperation with other community resources such as the Psychological Services Division of the Rehabilitation Foundation; National Employment Services and Provincial Rehabilitation Services of the Department of Welfare. Rehabilitation services are available on an out-patient basis in the Centre, and in the home for those unable to attend the Centre. The Home Service Department provides the major portion of physical and occupational therapy in the Toronto Pilot Home Care Program.

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THE REHABILITATION PROGRAM

6. The objective of the Toronto Rehabilitation Centre is "to rehabilitate to the greatest possible degree the mentally and/or physically handicapped". Disabled persons 15 years of age and over are admitted to the Centre only on the prescription of a doctor of medicine. Services provided include occupational and physical therapy, speech therapy, social service and prevocational exploration. The transfer of the Toronto case-work functions of the Rehabilitation Foundation for the Disabled to the Centre has centralized many aspects of social service to disabled persons in the community. In that financial assistance and provision of appliances etcetera are now more closely related to the provision of treatment services to these individuals.

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8. Attainment of the objectives of the Centre requires teamwork of the professional and ancillary personnel within a setting designed to return the individual to the fullest mental, physical, social, vocational or economic usefulness of which he is capable. Medical policy is established by a Medical Advisory Committee and the medical director has the assistance of a consultant in physical medicine to supervise the medical program. Referring physicians are kept informed about patients by routine progress reports. The rehabilitation services are thus medically prescribed and supervised.

9. The Toronto Rehabilitation Centre is a unique facility in the city where a medical restoration program for adults is developed outside the hospital setting. In its function as a community rehabilitation centre, it provides liaison with other voluntary and official government resources according to the needs of individual patients. (Note: patients under 19 years of age are referred to the Ontario Crippled Children's Centre and liaison is maintained between the medical directors of the Centres.)

CATEGORIES OF PATIENTS

10. The following statistics for 1962 reveal the experience while in the old Centre but this is of value in recognizing the result of transfer to enlarged and modern facilities. In 1962, 15,123 services were rendered, including 4,066 by the Home Service Department.

Disability groupings	Percentage of services
Arthritis	9%
Cerebral Vascular Accident	28%
Head injuries	2%
Medical	5%
Neurological	15%
Psychiatric	15%
Fractures	6%
Speech	5%
Amputees	5%
Orthopaedic	5%
Others (burns, etcetera)	5%
	100%

11. Since the official announcement of the opening of the new Centre in October, 1963, the referrals of patients have almost doubled, and improved occupational and physical therapy facilities have resulted in an increase in the number of orthopaedic cases--thus providing a better balance in the

Centre's experience with mentally and physically handicapped adults.

SOURCES OF REFERRAL (1962)

12.

Private physicians	37%
Hospitals	18%
Community Health Agencies	16%
Community Social Agencies	8%
Other Agencies:	21%
Pilot Home Care	
National Employment Service	
Provincial Rehabilitation Service	
	100%

FINANCIAL ASPECTS

13. Fees for services rendered are arranged on the basis of the patient's ability to contribute toward the cost of treatment, but rehabilitation services are available to all, regardless of ability to pay. The Centre also accepts responsibility for transportation costs when the patient has no means available to present himself for treatment.

14. In order to provide 15,123 services to 550 patients in 1962, the expenditures of the Toronto Rehabilitation Centre were $71,284.29. Income from patients was only $5,030.45 and a grant-in-aid from the Division of Rehabilitation, Ontario Department of Health provided $15,728.26. The agreement with the Rehabilitation Foundation for the Disabled did not involve the operating expenses of the Centre until January 1, 1963, so the Centre obtained the balance of funds from the United Appeal, aside from a few donations and salary of one therapist from the Pilot Home Care Program.

15. The income from patients in 1962 was based upon a fee of $5.00 per half-day treatment within the policy outlined in paragraph 13. A study of 100 cases reveals that:

4	patients	paid	the full fee $5.00 per treatment period
8	"	"	$2.00 per treatment period
15	"	"	$1.00 per treatment period
58	"	"	no fee

The remainder paid fees in varying amounts within this range.

16. Treatment periods vary according to the patient's individual needs and physical status--ranging from one half-day twice weekly to full daily attendance when assessment is required of a patient's potential for re-employment or vocational training.

17. At this stage of development of the program in the new Centre, we are able to report an increase in staff from 14 to 30, and an increase in case-load almost double that of 1962. Based upon this brief period in the new building the tentative budget for 1964 anticipates expenditures $252,476, and income of $46,820, leaving $205,656 to the responsibility of the Toronto Rehabilitation Centre and the Rehabilitation Foundation for the Disabled. It is vital for the Centre to have assurance of funds to achieve the full potential of the new building with its projected case-load of 100 patients per day within the next two years.

18. The Board of Directors has sought an increase in the grant-in-aid from the Division of Rehabilitation, Department of Health, which is allocated to rehabilitation centres on a quota basis. Calculated at $10,000 plus 10% of the operating deficit for 1963, the grant would be approximately $22,000 in 1964. However this retroactive method of establishing the grant does not keep up with the current financial status of centres which have normal increasing operating costs or take into consideration the immediate costs of expanding greatly needed services as in the case of the Toronto Rehabilitation Centre.

19. As a member of the United Appeal for many years, the Centre provided services when only 5% to 7% of the cost of such services was paid by the patients. There are various reasons for this:

(a) Many patients are referred from out-patient departments of hospitals, where they have sought attention as indigent or low-income individuals.

(b) A high percentage of the disabilities are in a chronic category and have deprived the patient of a wage-earning occupation for months or years-- thus the patient must rely on savings unless he has insurance which indemnifies

him while unable to work.

(c) Insurance policies written to cover the cost of physicians' services do not provide benefits for therapy, except in major medical group programs. This type of insurance requires an initial deductible amount paid by patient and some form of co-insurance for the remainder. Even in these instances physical therapy might be accepted but no payment is made for occupational therapy and other therapeutic measures which are equally important in assisting the patient to regain functional activity.

THE NEED FOR REHABILITATION SERVICES

20. There is no adequate source of information on the number of disabled persons in our community since the Canadian Sickness Survey of 1951. At that time it was estimated that 963,000 Canadians were disabled to some degree and about 423,000 were totally or severely disabled. Many of these were housewives, who can benefit from rehabilitation services as well as the industrially disabled.

21. A community rehabilitation centre has a responsibility to all categories of disabled persons and a comprehensive program for them is very costly to establish but fully justified. A recent report from the Federal Department of Labour reveals that, in 1961, 1600 individuals were provided with rehabilitation services under the department's program. Prior to rehabilitation they received about $1,000,000 a year in public assistance, whereas they are now earning their living at a rate of $3,000,000 a year.

22. The experience of the Toronto Rehabilitation Centre has shown the benefit of early home care where considerable cooperation between visiting nurses and the Centre's therapists have enabled many patients to become ambulatory. When appropriate, transfer to the Centre has enabled a continuity of care and a broad program is thus available to the patient. Home Service has allowed some patients to receive treatment without admission to hospital, and hospital beds are more available for the cases which require admission. We believe that a detailed report on home care programs has been submitted

through the brief of the Social Planning Council of Metropolitan Toronto.

THE PROBLEM OF FINANCING REHABILITATION CENTRES AND IMPLICATIONS IN THE USE OF REHABILITATION SERVICES BY THE DISABLED

23. Despite the positive evidence that there is considerable economic benefit as well as humane considerations inherent in the use of funds allocated to rehabilitation services, it has fallen largely upon the voluntary associations to initiate these services for handicapped persons. Gradually, governments are accepting a share of the responsibility in this area of need and it has become a joint effort of governmental and voluntary agencies as a result of improved legislation and availability of government funds. Such teamwork allows the purchase by government of a suitable appliance to allow employment of an individual and the aid of a voluntary agency to assure that the patient is brought to the source of such assistance at an appropriate time. Unfortunately, this type of government assistance is directed primarily towards those who likely will be employable, whereas this is only a portion of the cases who require rehabilitation services. Many handicapped persons are unemployable but, through treatment, can be made independent in the home so that another member of the household can be freed to obtain employment and thus maintain some financial support for the family.

24. Since voluntary agencies must rely upon charitable donations from the general public, fees are usually charged on a sliding scale--with no strict means test which might negate the charitable intent to render service to a fellow human being. The result is that the truly indigent patient is readily recognized and receives full services without question. The marginal income group, however, is torn between the desire to "pay their way" and the knowledge that they cannot afford to partake of a full program necessary for optimum benefit. This generalization is difficult to prove but general practitioners have reported to representatives of the Toronto Rehabilitation Centre that patients have discharged themselves from care at the Centre because they could not afford the fee which they had agreed to pay on the

initial interview. Despite the fact that social workers are available to adjust the fee as circumstances warrant, this category of patient obtains less than he needs because he is embarrassed to ask for charity.

25. Thus one notes on the one hand the small income obtained from patients to maintain a comprehensive centre and on the other a tendency for many to lack such necessary services because their income is too limited to take advantage of rehabilitation services.

26. The Toronto Rehabilitation Centre submits that financial support must be forthcoming in greater degree, either through a major increase in grants-in-aid or through a broadening of prepayment mechanisms, which will recognize rehabilitation services as a benefit within the provisions of such insurance.

27. Widespread use of rehabilitation services under insurance benefits must, of course, have some control through assurance that such services are needed for the patient and that medical supervision is maintained over the medical care given in such circumstances. These services are available under such supervision in hospital out-patient departments, in offices of specialists in physical medicine, through medically supervised services of voluntary agencies and in rehabilitation centres.

RECOMMENDATION

The Toronto Rehabilitation Centre recommends.

That medically prescribed and supervised rehabilitation services be an approved out-patient benefit under the provisions of the Medical Services Insurance Act.